

MOSMAN HIGH SCHOOL SPECIAL PROGRAMS APPLICATION 2025

I wish my son/daughter/ward to be considered for the following program(s): (You may tick more than one box – *please number in order of preference*)

Academic Extension (copy of Year 5 NAPLAN results to be supplied)	ATTACH
Please indicate if you would like your student to sit the additional Academic Extension - Maths Accelerated paper Yes/No	РНОТО
Dance	ID
☐ Drama	OF STUDENT
Music (<i>Primary</i> Instrument)	
☐ Visual Art	
Name of Year 6 Student:DOB:	
Parent(s)/Guardian(s) Name(s):	
Address:	
Suburb: P/code:	
Email:	
Telephone (h):(w):(w):	
Current Primary School:	
Do you have a sibling at Mosman High School? YES/NO	
Name:	
Cost: \$50 per program	
Please pay online using the link below. Select Add item then Special Progra 2025 Special Programs payment link	ım.
Receipt #(s): Date Paid:	

CLOSING DATE FOR APPLICATION(S): Wednesday 6th March 2024